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**PATENT APPLICATION FEE DETERMINATION RECORD**

**Substitute for Form PTO-875.**

#### **Appendix 1: Partial Mammogram**

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**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> <b>(7 CFR 1.16(d))</b>		
<b>TOTAL CLAIMS</b> <b>(7 CFR 1.16(e))</b>	values 20 =	
<b>INDEPENDENT CLAIMS</b> <b>(7 CFR 1.16(d))</b>	values 3 =	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		(7 CFR 1.16(d))

\* If the difference in column 6 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

3-14-N

AMENDMENT		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total ( $\Sigma$ CFS 1, REG)	18	Number	20	<input checked="" type="checkbox"/>
Independents ( $\Sigma$ CFS 1, REG)	4	Number	4	<input checked="" type="checkbox"/>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS ( $\Sigma$  CFS 1, REG)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(a))

SMALL ENTITY		OR	SMALL ENTITY	
RATE	FEES		RATE	FEES
<u>\$1</u>	<u>0</u>	OR	<u>\$1</u>	<u>0</u>
<u>\$1</u>	<u>0</u>	OR	<u>\$1</u>	<u>0</u>
<u>\$1</u>	<u>0</u>	OR	<u>\$1</u>	<u>0</u>
<b>TOTAL</b>		OR	<b>TOTAL</b>	

## **AIMS AS AMENDED - PART II**

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AMENDMENT		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total ( $\Sigma$ CFS 1, REG)	18	Number	30	<input checked="" type="checkbox"/>
Independents ( $\Sigma$ CFS 1, REG)	4	Number	4	<input checked="" type="checkbox"/>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS ( $\Sigma$  CFS 1, REG)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(a))

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
<u>X \$    -</u>		OR	<u>X \$    -</u>	
<u>X \$    -</u>		OR	<u>X \$    -</u>	
<u>X \$    -</u>		OR	<u>X \$    -</u>	
TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

(Column 1) (Column 2) (Column 3)

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AMENDMENT	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total DI CPT LARGO	18	Maxes	20	0
Independent DI CPT LARGO	4	Maxes	4	0

FIRST PRESENTATION TO MULTIPLE DEPENDENT CLUES WITHIN A TEST

RATE	ADDITIONAL FEE
<del>X S =</del>	
<del>X S =</del>	
<del>* S =</del>	
<b>TOTAL ADULT FEE</b>	

  

RATE	ADDITIONAL FEE
<del>OR X S =</del>	
<del>OR X S =</del>	
<del>OR * S =</del>	
<b>TOTAL ADULT FEE</b>	

(Column 1) (Column 2) (Column 3)

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AMENDMENT NUMBER	CLAMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	MAXUS	
21301	18	MINUS	20	
110101	4	MINUS	4	

FOURTH PRESENTATION OF BILATERAL DEPENDENT CLAIMS (SICCR + NEDD)

RATE	ADDITIONAL FEE
X \$ . . . .	
X \$ . . . .	
X \$ . . . .	
TOTAL ADD'L FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "1" in column 2.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which it is fee (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time may vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance or have a question for the Form 628, L-1000-273-9/99, mail address section, 7